

# Mississippi Department of Employment Security

## Prevailing Wage Information Request

1. Requestor name: (First, MI, Last Name)		2. Fax number: (Area Code & No.)	
3. Name of employer: (Full name of organization)		4. Telephone: (Area Code & No.)	
5. Address: (Number, Street, City or Town, County, State, Zip Code)			
6. Name of alien: (if known)			
7. Address where alien will work: (if different from item 3)			
8. Nature of employer's business:	9. Alien's job title:	10. Work shift:	11. Rate of pay: \$            per
12. Describe fully the job to be performed: (Duties and specific requirements)			
13. College Education: (Enter number of years) _____ College Degree required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify		14. Number of employees alien will supervise: _____	
15. Specify specialty:		16. Training:	
17. Experience required:  Years                      Months		18. Occupational title of person who will be alien's immediate supervisor:	
Return to: <b>Mississippi Department of Employment Security</b> <b>Connie Fuller</b> <b>P.O. Box 1699</b> <b>Jackson, Mississippi 39215-1699</b>		Phone Number: <u>(601) 321-6079</u>  Fax Number: <u>(601) 321-6080</u>	
<b>*****FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE*****</b>			
The prevailing wage for the job described is: \$ _____ per _____			
Source of wage finding: _____			
Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____			
By: _____ Date: _____			
CASE NO:	<b>THIS RATE IS VALID FOR FILING APPLICATIONS AND ATTESTATIONS FOR 90 DAYS FROM THE DATE OF THIS RESPONSE.</b>		

Mississippi Department of Employment Security is an equal opportunity employer.  
Auxiliary aids and services are available upon request to individuals with disabilities.